



DEPARTMENT OF THE NAVY  
HEADQUARTERS UNITED STATES MARINE CORPS  
2 NAVY ANNEX  
WASHINGTON, DC 20380-1775

MCO 6000.1A  
MHH  
7 Oct 96

MARINE CORPS ORDER 6000.1A

From: Commandant of the Marine Corps  
To: Distribution List

Subj: TRICARE FAMILY MEMBER DENTAL PLAN

Ref: (a) Title 10, U.S. Code, Chapter 55, Section 1076a  
(b) MCO P1080.40 (MCTFSPRIM)

Encl: (1) DD Form 2494 Preparation  
(2) DD Form 2494-1 Preparation  
(3) Format for Submission of Reclama to DSO  
(4) Format for Submission of Reclama to CMC

1. Purpose. To publish the policy, procedures, and standards for the use of the TRICARE Family Member Dental Plan (TFMDP). This Order supersedes all previous documents promulgating active duty dependents dental plan information and guidance.

2. Cancellation. MCO 6000.1.

3. Background. Reference (a) established a voluntary dental insurance program for spouses and children of active duty Marines who have been on active duty for more than 30 consecutive days. The program became effective on 1 August 1987, and is contracted with a civilian firm by the DoD. CMC (MHH) maintains the billet of the Marine Corps Family Member Dental Program Project Officer.

4. Information

a. Eligibility

(1) Eligibility for enrollment in the dental plan is limited to dependent children, spouses, and legal wards (family members) of active duty personnel who have been on active duty for more than 30 consecutive days and who intend to remain on active duty for no less than 24 months, unless returning from outside the Continental United States (OCONUS).

DISTRIBUTION STATEMENT A: Approved for public release;  
distribution is unlimited.

(2) Eligible family members of reservists on active duty must meet the enrollment requirements of this Order and provide evidence of eligibility (family members enrolled in the Defense enrollment and Eligibility Reporting System (DEERS) and be eligible for services under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)).

(3) Enrolled family members may reside anywhere in the world but must receive dental services in the 50 United States, the District of Columbia, Canada, Guam, the U.S. Virgin Islands, and Puerto Rico.

(4) Family members will continue to receive TFMDP coverage for a period of 12 months following their active duty sponsor's death provided that they were enrolled in the TFMDP prior to the sponsor's death.

b. Enrollment

(1) The minimum period of enrollment is 24 months.

(2) Enrollment in the TFMDP may be initiated voluntarily by the member at any time. If a Marine elects enrollment, all family members age 4 and older must be enrolled. Sponsors may elect to enroll their family members under 4 years of age, but this enrollment is not mandatory.

(3) Any Marine who does not have 24 months remaining on his/her assignment to active duty may enroll their family members, if it is the intent of both the Marine Corps and the member to have the member remain on active duty for at least 24 months.

(4) Marines returning from overseas assignment with 12 to 23 months of service obligation remaining may enroll their family members in the TFMDP during their remaining service time, if the family members accompanied the Marine on the overseas assignment and are now returning to CONUS. The family members are required to have been assigned to an accompanied overseas tour. Family members may be enrolled prior to departing their overseas duty station but must be enrolled no later than 30 days following the Marines' reporting for duty at the new duty station.

(5) The member must complete a DD Form 2494 and DD Form 2494-1 (if applicable) prior to actual enrollment. DD Form 2494-1 is to be completed only by those personnel desiring enrollment for family members who are residing in two or more

physically separate locations and one household of family members is receiving space available care in a Service dental treatment facility (which makes them ineligible for the TFMDP). See enclosures (1) and (2) for instructions in completing the applicable forms. Enclosures (1) and (2) also contain an explanation of the premium codes. A copy of the DD Form 2494 will be given to the Marine and the original will be filed on the left side of the Marine's OQR/SRB. DD Form 2494 must be updated as information changes. A current copy must be kept in the OQR/SRB as long as the member is enrolled, and for 90 days after disenrollment. There is no requirement to keep forms of disenrolled members past the 90 day period.

(6) Upon completion of the appropriate DD Form 2494, the member's unit will make a unit diary entry per reference (b). Enrollment will always be made the first day of the month in which the Marine delivers the DD Form 2494 to the administrative office. Coverage for the Marine's family members will be effective the first day of the month following the enrollment procedure. For example: Corporal Smith completes and signs the DD Form 2494 on 12 February 1996. The unit diary entry will reflect a start date of 960201, and the appropriate pay deductions will be made to ensure that a complete premium is paid before Corporal Smith's family members are eligible for dental care. Dental coverage for his family members will begin on 1 March 1996. Dental work done before 1 March 1996 will not be covered. Marines must ensure that the premium deduction appears on their LES before having dental work done under this program. It is the responsibility of every enrolled Marine to ensure the proper deductions are taking place for the type of enrollment desired. Changes to type of enrollment and/or dependency status changes (such as marital separation, loss of a child, etc.) are also the sole responsibility of the individual Marine.

(7) The only exception to paragraph 4b(6) above is in the case of Active Reserve and Extended Active Duty Marines. In those cases, the start date will be the first day of the month following the date active duty began. For example, if active duty began on 960215, the start date will be 960301.

(8) If a Marine desires to change his/her enrollment status, a new DD Form 2494 must be filled out with the current information, and the unit diary entry made per reference (b).

(9) Any member currently enrolled who is assigned OCONUS is authorized continued enrollment for one or more of his/her family members by using the remotely located codes contained on DD Form 2494-1.

c. Disenrollment

(1) A Marine may voluntarily disenroll from the TFMDP any time after the minimum enrollment period of 24 months by completing a DD Form 2494. The following are the only valid and acceptable reasons for disenrollment prior to the 24 month minimum enrollment period:

a. Termination of active duty (does not require action on the part of the Marine or his/her unit, as the system will automatically process this as a loss of eligibility).

b. The Marine has executed a PCS move in CONUS to areas where family members have access to space available dental care or to areas where TFMDP is not offered. The member must terminate the enrollment within 90 days following the report date to the new permanent duty station.

c. Marines may not terminate enrollment immediately following enrollment of their family members in an employment based dental insurance plan (i.e., spouse becomes entitled to another dental plan). To terminate enrollment on this basis members must complete the initial 24 month minimum enrollment requirement.

d. The Marine has lost all eligible family members through divorce or death.

(2) In all cases except termination of active duty, the member will complete and sign a DD Form 2494 indicating the reason(s) for disenrollment.

(3) A unit diary entry for the Marine's disenrollment will be made per reference (b). The disenrollment date will always be the last day of the month prior to the month the Marine signs and dates the DD Form 2494. Dental coverage terminates at midnight on the last day of the month in which notice of termination is provided to the Marine's unit. For example, if a Marine requests on 15 February 1996 that his/her family be disenrolled, the effective date of the disenrollment will be 31 January 1996, and the coverage for his/her family will end 29 February 1996.

d. Requests for Adjustments. Retroactive enrollments, disenrollments, or other adjustments outside the instructions contained within this Order will not be made by reporting units. Reimbursements for non-use of the program, neglecting to change enrollment types, or neglecting to disenroll are not authorized. Two methods for requesting an adjustment will be used:

(1) Reclama to DEERS Support Office (DSO). If a sponsor's claim for family member's dental work is denied, the contractor will issue a document to the sponsor which explains why the claim was denied. The sponsor may request that the DSO investigate further into the case, if the sponsor believes that the denial is in error. The format contained in enclosure (3) will be used to submit requests for adjustment to the DSO.

(2) Reclama to the CMC (MHH). If a sponsor has filed a reclama to the DSO and that petition has been denied, the denial may be appealed to CMC (MHH) for further adjudication. Only in cases of extraordinary merit will this petition be granted, and only then when legal and contractual constraints are not a factor. Submission of this request for adjustment will be made per enclosure (4).

5. Action

a. The Fiscal Director of the Marine Corps will:

(1) Provide budgetary guidance, as needed, for the TFMDP.

(2) Serve as liaison with the Director, Defense Finance and Accounting Service, Kansas City Center, Kansas City, Missouri, regarding pay deductions, error resolution, and policy matters pertaining to the TFMDP.

b. Head, Manpower Management Information Systems Division, CMC (MI) will:

(1) Provide guidance to the Dental Project Officer regarding management information and quality control.

(2) Coordinate with the Dental Project Officer on revisions to reference (b).

c. Head, Drug, Alcohol, and Health Affairs Branch, CMC (MHH) will:

(1) Serve as the cognizant staff section regarding Marine Corps policy on the TFMDP.

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(2) Maintain the billet of TFMDP Project Officer as an additional duty within the branch.

(3) Retain current statistics on Marine Corps participation in the TFMDP as published by CHAMPUS.

(4) Respond, as appropriate, to correspondence concerning the TFMDP.

d. Commanding officers/officers-in-charge will:

(1) Ensure that all Marines are thoroughly briefed on the provisions of the TFMDP. A briefing is mandatory upon checking into a unit, and should be done as often as necessary afterwards. Briefings shall include, but not be limited to, the following:

a. Eligibility.

b. Types of dental services covered.

c. Marine's responsibilities of having the required valid ID card for his/her family members, the use/nonuse of participating dentists, etc.

d. Explanation of when coverage begins and ends, per paragraphs 4b and 4c above.

e. Marine's responsibility to change enrollment status and verifying that the correct deductions are being made as listed on the monthly LES.

(2) Ensure that accurate and timely records are kept of enrollments/disenrollments and of Marines who decline to elect coverage for their family members under the TFMDP.

(3) Provide access to, and maintain liaison with, the Health Benefits Advisor of the nearest military medical facility regarding provisions of the TFMDP.

(4) Provide assistance to Marines desiring help in submitting a reclama to either the DSO or the CMC.

5. Reserve Applicability. This Order is not applicable to the Marine Corps Reserve.



G. R. CHRISTMAS  
Deputy Chief of Staff for  
Manpower and Reserve Affairs

DISTRIBUTION: 10209300000  
Copy to: 7000110 (55)  
7000044 (11)

DD FORM 2494 PREPARATION

The complete DD Form 2494 must be filled out in accordance with the instructions below. Signature of the form indicates that the Marine acknowledges understanding of and compliance with the information/instructions on the form.

Block 1: Sponsor's Name (ensure that full legal names are given, not nicknames, aliases, or married names which have not been entered into DEERS. The name in this block must match the name in the DEERS file)

Block 2: Sponsor's SSN (ensure it is the sponsor's, not the family member's, and ensure completeness)

Block 3: Sponsor's Grade: (example: MAJ, SGT, MGYSGT)

Block 4: Sponsor's Unit: complete unit address

Block 5: Date of Expiration of Service or contract (YYMMDD).

Block 6: Election of Coverage: This is a crucial section, since eligibility, number of family members enrolled, and the premium code must all be accurate to ensure service. Instructions for filling in each blank are self-explanatory. Enrollment of dependent children under age 4 is optional.

Block 6c: Self-explanatory.

Block 7: Termination of Coverage: Ensure the appropriate box is checked after both the sponsor and administrative office have verified that the sponsor is eligible for disenrollment. Retroactive disenrollments will not be authorized.

Block 8: Statement of Understanding: Sponsor must read and indicate understanding every provision contained in this paragraph at the time of signing. Retroactive actions based on the sponsor's alleged misunderstanding of any provision herein will not be authorized.

Block 9: Witnessing Official: Administrative officer of the sponsor's unit or other designee must sign block 12, printed or typed name in block 12a, grade (MAJ, CAPT, etc.) in block 12b, payroll signature in block 12c, and date signed (YYMMDD) in block 12d.

Block 10: Remarks: Include any amplifying remarks pertaining to enrollment/termination of coverage.

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<b>TRICARE - ACTIVE DUTY FAMILY MEMBER DENTAL PLAN (FMDP) ENROLLMENT ELECTION</b>			
<b>PRIVACY ACT STATEMENT</b>			
<b>AUTHORITY:</b>	10 USC 55, 1076A (Dental Plan), 5 USC 552a and EO 9397.		
<b>PRINCIPAL PURPOSE:</b>	Used by applicant to apply for dental insurance coverage of family members.		
<b>ROUTINE USES:</b>	None.		
<b>DISCLOSURE:</b>	Voluntary; however, failure to furnish all information could delay or prevent enrollment in the FMDP.		
<b>INSTRUCTIONS</b>			
<b>IMPORTANT:</b> FMDP ENROLLMENT AND CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING FMDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR FAMILY MEMBERS' ID CARD.			
<b>NOTE:</b> CHANGES IN FAMILY STATUS ( <i>gains and losses</i> ) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING DD FORM 1172, "Application for Uniformed Services Identification Card - DEERS Enrollment."			
FMDP Enrollment is for a minimum of two (2) years, unless:			
(1) Family members lose their CHAMPUS eligibility in DEERS; or			
(2) Sponsor and family members transfer OCONUS to an area where FMDP is not available and the sponsor voluntarily elects to disenroll all enrolled family members; or			
(3) Sponsor and enrolled family members transfer to a uniformed services installation that offers space available family member dental care; or			
(4) Sponsor and family members are returning from an overseas location where FMDP is not available and the sponsor has between 12 and 23 months remaining in the uniformed service.			
All family members must be enrolled if any members are enrolled, except:			
(1) Sponsors with one (1) family member age 4 or older and one (1) family member under 4 may elect to enroll as a single premium with only the family member age 4 or older being eligible for the FMDP; or			
(2) Family members residing in two or more physically separate locations, and only the family members in one or more locations are to be enrolled. Those family members may be enrolled in the FMDP using DD Form 2494-1, "Supplemental TRICARE - Active Duty Family Member Dental Plan (FMDP) Enrollment Election."			
<b>REMINDER:</b> The FMDP is a "prepaid" plan, which means deductions from your pay must be made in advance of coverage. Coverage for enrolled CHAMPUS eligible family members shall begin the first day of the month following receipt of this form by your personnel activity. For example, if the form is completed in January, coverage begins February 1. However, it is important to note that processing of the enrollment information may take 30 days or more. This means that even though family members are eligible for coverage, a premium deduction may not appear on your LES during the first or second month of enrollment. Premium deductions will be made retroactive to the month the form was completed. It also means that the contractor may not be able to confirm eligibility if family members visit a dentist soon after they are enrolled.			
Claims for enrolled family members cannot be paid by the contractor until enrollment information is received from the government. If a claim is denied because the contractor cannot verify eligibility, that does not necessarily mean these services will not be covered. Once eligibility verification has been received, the family member or dentist can request reprocessing of the denied claim by calling or writing the contractor.			
<b>SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION</b>			
1. SPONSOR'S NAME (LAST, First, Middle Initial)	2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE	
4. SPONSOR'S UNIT		5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD)	
<b>SECTION II - COVERAGE INFORMATION</b>			
6. ELECTION OF COVERAGE (Enrollment activity must do a DEERS check of family member(s) records and also verify the information below.)			
a. SINGLE PREMIUMS (X the block that describes your enrollment election.)		b. FAMILY PREMIUMS (X this block if you have more than one family member eligible regardless of the family members' ages.)	
1	I have a sole (1) family member age four (4) or older for whom I am electing coverage. I have no other family members.	2	I have more than one (1) family member for whom I am electing coverage.
3	I have a sole (1) family member under age four (4) for whom I am electing coverage. I have no other family members.	<b>NOTE:</b> If the above block is marked, all eligible family members regardless of age will be enrolled.	
1	I have a sole (1) family member age four (4) or older for whom I am electing coverage and one (1) or more family members under age four (4) for whom I am not electing coverage.		

DD Form 2494, SEP 95

PREVIOUS EDITION IS OBSOLETE.

ENCLOSURE (1)

DD FORM 2494-1 PREPARATION

Preparation of this form should be done only when:

(1) Family members are residing in two or more physically separate locations, and only the family members in one or more of the locations are to be enrolled; OR

(2) There are no family members age four (4) or older and more than one (1) family member under age four (4) and the sponsor elects to enroll the eldest family member; OR

(3) A sponsor with enrolled family members elects to disenroll some, but not all, enrolled family members based on the enrollment exceptions listed on page 3 of this enclosure.

Block 1: Sponsor's Name: complete, correct name (no aliases, newly acquired names which might not be in the system, or nicknames. The name must match that which is in the DEERS)

Block 2: Sponsor's SSN: complete and accurate

Block 3: Sponsor's Grade: CAPT, SGT, MGYSGT, etc.

Block 4: Sponsor's Unit: complete unit address

Block 5: Date of Expiration of Service: enter the members EAS or ECC date if applicable

Block 6: Election of Coverage: Select one box (either one family member to be enrolled, or more than one) and enter the premium code. Provide also the names of those family members to be enrolled, using the names under which benefits will be claimed. Codes T or U are to be used only for sponsors enrolling family members returning from an OCONUS area where TFMDP was not available. If the family members did not accompany the sponsor to the OCONUS tour, the sponsor cannot use these codes and cannot enroll the family members.

Block 7: Statement of Understanding: Must be read and understood completely by the sponsor at the time of signing.

Block 8: Witnessing Official: printed or typed name in block 8a; grade (MAJ, CWO, etc.) in block 8b; payroll signature in block 8c; and date signed (YYMMDD) in block 8d.

ENCLOSURE (2)

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**SUPPLEMENTAL TRICARE - ACTIVE DUTY FAMILY MEMBER DENTAL PLAN (FMDP)  
ENROLLMENT ELECTION**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 USC 55, 1076A (Dental Plan), 5 USC 552a and EO 9397.  
**PRINCIPAL PURPOSE:** Used by applicant to apply for dental insurance coverage of family members.  
**ROUTINE USES:** None.  
**DISCLOSURE:** Voluntary; however, failure to furnish all information could delay or prevent enrollment in the FMDP.

**CONDITIONS**

This form should only be completed when:

- (1) Family members are residing in two or more physically separate locations, and only the family members in one or more of the locations are to be enrolled; or
- (2) There are no family members age four (4) or older and more than one (1) family member under age four (4) and the sponsor elects to enroll the eldest family member; or
- (3) A sponsor with enrolled family members elects to disenroll some, but not all, enrolled family members based on the enrollment exceptions listed below.

**INSTRUCTIONS**

**IMPORTANT:** FMDP ENROLLMENT AND CLAIMS PAYMENT IS BASED UPON DEERS ELIGIBILITY FOR CHAMPUS. WHEN ENROLLING OR CHANGING FMDP ENROLLMENT, MAKE SURE YOUR DEERS INFORMATION IS CORRECT. EXPIRED ID CARDS WILL AFFECT YOUR CHAMPUS (and Dental) ELIGIBILITY. CHECK YOUR FAMILY MEMBERS' ID CARD.

**NOTE:** CHANGES IN FAMILY STATUS (*gains and losses*) THAT AFFECT YOUR DENTAL PREMIUM MUST BE REPORTED TO DEERS USING DD FORM 1172, "Application for Uniformed Services Identification Card - DEERS Enrollment."

FMDP Enrollment is for a minimum of two (2) years, unless:

- (1) Family members lose their CHAMPUS eligibility in DEERS; or
- (2) Sponsor and family members transfer OCONUS to an area where FMDP is not available and the sponsor voluntarily elects to disenroll all enrolled family members; or
- (3) Sponsor and enrolled family members transfer to a uniformed services installation that offers space available family member dental care; or
- (4) Sponsor and family members are returning from an overseas location where FMDP is not available and the sponsor has between 12 and 23 months remaining in the uniformed service.

A copy of the completed form must be mailed to: DEERS Support Office, ATTN: DN99, 2511 Garden Road, Monterey, CA 93940-5330. The DEERS Support Office will send the sponsor a letter confirming receipt and processing of the form.

**REMINDER:** The FMDP is a "prepaid" plan, which means deductions from your pay must be made in advance of coverage. Coverage for enrolled CHAMPUS eligible family members shall begin the first day of the month following receipt of this form by your personnel activity. For example, if the form is completed in January, coverage begins February 1. However, it is important to note that processing of the enrollment information may take 30 days or more. This means that even though family members are eligible for coverage, a premium deduction may not appear on your LES during the first or second month of enrollment. Premium deductions will be made retroactive to the month the form was completed. It also means that the contractor may not be able to confirm eligibility if family members visit a dentist soon after they are enrolled.

Claims for enrolled family members cannot be paid by the contractor until enrollment information is received from the government. If a claim is denied because the contractor cannot verify eligibility, that does not necessarily mean these services will not be covered. Once eligibility verification has been received, the family member or dentist can request reprocessing of the denied claim by calling or writing the contractor.

DD Form 2494-1, SEP 95

PREVIOUS EDITION IS OBSOLETE.

ENCLOSURE (2)

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SECTION I - ACTIVE DUTY MEMBER ELIGIBILITY INFORMATION			
1. SPONSOR'S NAME (Last, First, Middle Initial)		2. SPONSOR'S SOCIAL SECURITY NUMBER	3. SPONSOR'S GRADE
4. SPONSOR'S UNIT		5. DATE OF EXPIRATION OF SERVICE OR CONTRACT (As extended) (YYMMDD)	
SECTION II - COVERAGE INFORMATION			
6. ELECTION OF COVERAGE (Use additional copies of this form if needed for enrolling more family members.)			
5	I have one (1) geographically separated family member for whom I am electing coverage.		
6	I have more than one (1) geographically separated family member for whom I am electing coverage.		
SPONSORS WITH 12 TO 23 MONTHS RETENTION RETURNING FROM AN OCONUS AREA WHERE FMDFP WAS NOT AVAILABLE:			
NOTE: These enrollment codes may only be used for sponsors enrolling family members returning from an OCONUS area where FMDFP was not available. If the family members did not accompany the sponsor on the OCONUS tour, the sponsor may not enroll the family members.			
T	OCONUS Returnee. I have one (1) geographically separated family member for whom I am electing coverage.		
U	OCONUS Returnee. I have more than one (1) geographically separated family member for whom I am electing coverage.		
List only those family members to be enrolled in the blocks below.			
NAME (Last, First, Middle Initial) a.		FULL CURRENT ADDRESS (Number, Street, City, State, ZIP Code) b.	DATE OF BIRTH (YYMMDD) c.
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
7. STATEMENT OF UNDERSTANDING			
I have checked my family member information in DEERS and verified the accuracy of the DEERS information. I understand that I must complete a new enrollment form if I want to change the enrollment status of my family members (such as adding family members not listed on this form). I also understand I may not terminate enrollment based on a change in family size. If my DEERS record indicates a family member is no longer eligible, a change will occur automatically with no action on my part. I further understand that the premium rate for this program is subject to change. I also understand that during the two year minimum enrollment period I cannot disenroll due to a change in premium rate. I understand that enrollment in FMDFP automatically terminates the last day of the month of active duty or upon termination of basic pay. I authorize payroll deductions to be taken from my pay based upon the information in DEERS and my coverage election specified above.			
a. SPONSOR SIGNATURE			b. DATE SIGNED (YYMMDD)
8. WITNESSING OFFICIAL (Give the sponsor a signed copy of this form.)			
a. NAME (Last, First, Middle Initial)	b. GRADE	c. SIGNATURE	d. DATE SIGNED (YYMMDD)

DD Form 2494-1 (BACK), SEP 95

FORMAT FOR SUBMISSION OF RECLAMA TO DSO

(LETTERHEAD)

6000  
Office Code  
Date

From: Lance Corporal Franklin M. Tooth 123 45 6789/0311 USMC,  
(full address)

To: DEERS Support Office (Attn: FA99), 2511 Garden Road,  
Suite A-260, Monterey, CA 93940-5387

Subj: FAMILY MEMBER DENTAL PROGRAM REQUEST FOR ASSISTANCE

Encl: (1) Copy of Dental Explanation of Benefits (DEOB)  
(2) Copies of LES's dated \_\_\_\_\_

1. State the nature of the problem in detail as well as what action you feel needs to be taken. Ensure the LES's display that you were covered under TFMDP at least 1 month prior to the treatment in question and during the period which all dental services were provided.

2. Provide your complete name, grade, SSN, mailing address/unit address, work telephone number (both commercial and DSN), and home telephone number with area code.

3. Also provide any additional documentation which you feel pertains to your case.

/s/

ENCLOSURE (3)

MCO 6000.1A  
22 Oct 96

FORMAT FOR SUBMISSION OF RECLAMA TO CMC

(LETTERHEAD)

6000  
Office Code  
Date

From: Commanding Officer, \_\_\_\_\_  
To: Commandant of the Marine Corps (MHH), Headquarters, U.S.  
Marine Corps, 2 Navy Annex, Washington DC 20380-1775

Subj: FAMILY MEMBER DENTAL PROGRAM REQUEST FOR ASSISTANCE

Ref: (a) MCO 6000.\_\_\_\_

Encl: (1) Copy of DD Form(s) 2494/2494-1  
(2) Copy of Dental Explanation of Benefits (DEOB)  
(3) Copy of Applicable Unit Diary Entries

1. Per the reference, the following is submitted:

- a. Marine's name, grade, SSN/MOS, component
- b. [Statement of the problem (include name(s) of family members, dates of enrollment/disenrollment, date of dental services, etc.)]
- c. [Statement of why the Marine is not negligent or should not be held accountable for the charge(s)/changes, if applicable.]
- d. [Requested adjustment and justification.]
- e. [Previous attempts at adjustment (through DSO, unit diary, local disbursing office, etc.)]

2. Enclosures (1) through (3) are provided as amplifying information.

/s/

NOTE: Enclosures (1) - (4) are the minimum required for CMC to approve adjustments. Commanders may include more documentation if appropriate.

ENCLOSURE (4)